

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		04/29/00
O.I.P.E. CLASSIFIER	MTW	501	05-04-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	68972	6/22/00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1		9-24-01	
2		6-5-02	
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40	✓	II	
41		II	
42		II	
43		II	
44		II	
45		II	
46		II	
47		II	
48		II	
49		II	
50	✓	O	

  

Claim	Final	Original	Date
51	✓	II	
52		II	
53		II	
54		II	
55		II	
56	✓	II	
57	✓	II	
58		II	
59		II	
60		II	
61		II	
62		II	
63		II	
64		II	
65	✓	II	
66		II	
67		II	
68	✓	II	
69		II	
70		II	
71	✓	II	
72		II	
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76		II	
77		II	
78		II	
79		II	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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